

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 572 509

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			2		2		
TOTAL DEP.		←	13	←	←		
TOTAL CLAIMS			15				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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100							
TOTAL IND.			2		2		
TOTAL DEP.		←	13	←	←		
TOTAL CLAIMS			15				